

APPLICATION FOR STUDIO TEACHER CERTIFICATION

Department of Industrial Relations Division of Labor Standards Enforcement Licensing and Registration Unit 455 Golden Gate Ave., 9th floor San Francisco, CA 94102 (415) 703-4854

1. Name		2. Address (Number, Street, City or Town, County, State, Zip Code) P.O. Box if applicable			
3. Date of Birth		4. SS#	_		5. Telephone (Area Code & No.)
6. This is an application for a ☐ New ☐ Renewal	7. If Renewal, give previous Certificate No.		er's License or Photo Identification clude a copy)		9. E-mail address if applicable
10. Do you hold both a California Single Subject credential and a California Multiple Subject credential? ☐ Yes ☐ No You must provide proof of valid and current credentials with your application If yes, list the subject areas, effective dates and expiration dates					
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CERTIFICATION OF APPLICANT					
I hereby apply for certification as a Studio Teacher by the State Labor Commissioner and submit my request to take a written examination regarding the California labor laws and regulations as they apply to the employment of minors in the entertainment industry.					
I certify that I hold both a California Elementary and California Secondary credential or a California Multiple Subject K-12 plus a California Single Subject credential in either English, Math, Social Science, Science or a Foreign Language which are valid and current. (copies attached).					
I hereby certify, under penalty of perjury, that the foregoing statements are true and correct.					
Executed at *	, California, this _		day of	20)
SIGNATURE					
* If place of execution is outside California, the foregoing statements must be sworn to before a notary public or other officer authorized to take oaths and affirmations.					
DO NOT WRITE BELOW THIS LINE					
Certificate Number			Date Received		Date Posted
Approved State Labor Commissioner		-			

DLSE-283 (REV. 9/10)